ANA MIGUEL KOMOTAR, M.D., F.A.A.N
Board Certified and Diplomat American Board of Psychiatry & Neurology

TAX ID # 06-648-3438

175 Cedar Lane
Teaneck, NJ 07666
(201) 692-1300

June 20, 2017
Re: Talaat M. Mohammed
D/A: 6/17/10
D/E: 4/11/17
Resp: Kearny Steel Container Co.

Bagolie, Friedman Esqs.
648 Newark Avenue
Jersey City, NJ 07306

Dear Mr. Bagolie:

Thank you for the referral of your client, Talaat Mohammed, for re-evaluation. He was previously examined on 6/19/12 and presented recently regarding the re-opener of his compensation claim which was previously settled on 11/26/12. Documents provided indicate that the patient received 50% of partial totalafter which time his condition worsened and required additional treatment.

HISTORY:

Mr. Mohammed states that on 6/17/10 he was working for Kearny Steel Container, Inc. as a mechanic. He states that on that date, he was run over by a tractor trailer. He states that his back, right hip, legs and ankles were injured in the accident. He states that he received emergency room care at the University Hospital which included x-rays and CT scans. He states that he was diagnosed with multiple fractures and was admitted under the care of a Dr. Lin for surgery to his right leg. He staets that he was released from the hospital after 5 days and was transferred to Kessler Institute for Rehabilitation for inpatient care. He states that he remained at Kessler for 2 months. He states that he was later treated at the Care Station and by a Dr. Oppenheim. He states that he also received emergency room care at the Saint Barnabas Medical Center and had CT scan studies of his back and right knee. He states that he was also under the care of a Dr. Pflum and had MRI and EMG studies done. He states that surgery was performed on his right ankle. He states that surgeries for his left knee and left ankle were recommended. He states that since receiving the compensation award, his symptoms have increased. He states that he was referred to a Dr. Elamir. He states that new MRI studies of his ankles and his lower back were done. He states that he returned to Dr. Oppenheim for evaluation. He states that he was also sent to a Dr. Brady for evaluation. He states that he received emergency room care at Christ Hospital. He states that another MRI of his back was done. He states that he was under the care of a Dr. Sheikh and also a a Dr. Giordano. He states that back surgery was performed on 12/12/16. He states that he also had neurological care with a Dr. Tikoo. The patient is currently not working.

PAST MEDICAL HISTORY:

Depression
History of hypertension
History of diabetes mellitus
Gastroesophageal reflux disease

Cardiac condition
12/12/16 - cervical spine surgery

RECORDS REVIEWED:

I did review the medical records and had the benefit of the emergency room records from the University Hospital dated 6/17/10 and note a diagnosis of right femur fracture. I also had the benefit of the attending admission records dated 6/17/10 and note a diagnosis of status post crush injury by tractor-trailer, crush injury right midshaft femur fracture. I note the patient reported that he was taking medications for hypertension and depression. I also had the benefit of the x-ray reports of the right hip, right femur and right and left knees dated 6/17/10 and note a transverse fracture through the mid-distal femur with one shaft width displacement posterior of the distal fragment relative to the proximal, mild lateral displacement of the distal fragment relative to the proximal. I also had the benefit of the CT scan of the cervical spine dated 6/17/10 and note degenerative changes. I also had the benefit of the CT scan of the head dated 6/17/10 and note there was no acute intracranial pathology, no hemorrhage, mass lesion or midline shift. I also had the benefit of the CT scan of the chest, abdomen and pelvis dated 6/17/10 and note a normal study. I also had the benefit of the x-ray report of the left knee dated 6/17/10 and note a normal study. I also had the benefit of the x-ray report of the pelvis and right femur dated 6/17/10 and note no pelvic fracture identified, both femoral heads appear located with respect to the acetabula, pubic symphysis is preserved, fracture of the junction middle and distal third of the right femoral shaft with approximately 8 mm lateral displacement of the distal fracture fragment. I also had the benefit of the x-ray report of the chest dated 6/17/10 which was normal. I also had the benefit of the operative report from the University Hospital dated 6/17/10 and note the preoperative diagnosis of right distal femur fracture. I note that open reduction internal fixation of the distal femur with Smith and Nephew nail 10 x 38, distal lock is 45 and 65, proximal is 65 mm performed by a Dr. Lin. I also had the benefit of the MRI of the right knee dated 6/19/10 and note a full thickness medial collateral ligament tear and what appears to be injury to the medial patellofemoral ligament, injury to the medial retinaculum noted, bone marrow edema in the proximal tibia which may be secondary to contusion or occult fracture, soft tissue density interposed between the superior surface of the medial meniscus and medial femoral condyle, lower grade injuries to the anterior and posterior cruciate ligaments, the biceps femoris tendon. I also had the benefit of the x-ray report of the right femur dated 6/17/10 and note findings status post IM nailing and screw fixation of the midshaft femur fracture, anatomic alignment improved, minimal posterior angulation of the fracture apex. I also had the benefit of the discharge summary from the University Hospital dated 6/22/10 and note the patient was status post intramedullary nail fixation of the right femur and was diagnosed with a medial collateral ligament injury of the ipsilateral knee. I also had the benefit of the records from the Kessler Institute for Rehabilitation dated 6/22/10 and note the patient was admitted with complaints of gait and ADL dysfunction secondary to lower extremity trauma. I also note that the patient was status post open reduction internal fixation on 6/17/10 for a right mid shaft femur fracture. I also had the benefit of the discharge notes from the Kessler Institute for Rehabilitation noting a release on 8/13/10 with a diagnosis of status post right ankle open reduction internal fixation, status post right femoral open reduction internal fixation, hypertension, hypercholesterolemia, non insulin dependent diabetes and gastroesophageal reflux disease. I also had the benefit of the records from the Care Station dated 12/2/10 through 1/19/11 and note a diagnosis of deep venous thrombosis right lower leg with coumadin therapy. I also had the benefit of the records from Dr. Oppenheim dated 12/21/10 and note the patient complained of right hip, right knee and right ankle pain. I also note that x-rays were taken of the right femur and hip which showed the locked rod is in place, proximal oblique locking screw noted, fracture distally within the femur demonstrating ongoing healing with alignment maintained, significant healing appreciated

and no evidence of any loosening of the distal screws. I also note that x-rays were taken of the right knee which showed evidence of a medial capsular sign. I also had the benefit of the discharge instructions from Saint Barnabas Medical Center dated 1/29/11. I also had the benefit of the records of Dr. Oppenheim dated 2/10/11 and note a diagnosis of status post removal of the proximal locking screw of his femoral rod, right trochanteric bursectomy and release of the iliotibial band and incision of a heterotopic bone on 1/26/11. I also note that x-rays of the right femur and hip were performed which showed absence of the proximal locking screw. I also had the benefit of the records of Care Station dated 2/23/11 through 3/16/11. I also had the benefit of the records of Dr. Oppenheim dated 3/10/11 through 5/5/11 and note the patient was sent for therapy. I also had the benefit of the CT scan of the lumbar spine dated 7/2/11 and note a massive broad based disc herniation at L5-S1 with bilateral intraforaminal stenosis, severe bilateral foraminal narrowing and mild to moderate canal stenosis with hypertrophic facet disease, massive broad based disc herniation at L4-L5 with osteophytic components, moderate to severe bilateral foraminal narrowing, severe central canal stenosis, hypertrophic facet disease and ligamentum flavum, broad based disc bulge at L3-L4 with central disc herniation indenting the ventral thecal sac with moderate central canal stenosis and mild to moderate bilateral foraminal narrowing, broad based disc bulge at L2-L3 with foramina mildly narrowed, central disc herniation at L1-L2 indenting the ventral thecal sac. I also had the benefit of the CT scan of the right knee dated 7/2/11 and note an intramedullary rod in the distal femur which extends to the level of the proximal metaphysis and transfixed by perpendicular screws across the distal diaphysis, partial ossification of medial collateral ligament at its femoral epicondylar insertion consistent with previous severe injury and myositis ossificans of the medial collateral ligament and moderate severe narrowing of the lateral patellofemoral joint likely grade 3 and 4 chondromalacia patella and some superimposed osteoarthritis. I also had the benefit of the records of Dr. Holden dated 7/11/11 and note the patient complained of lower extremity and back pain. I also had the benefit of the EMG studies done by Dr. Vora dated 8/24/11 and note there was evidence of right L4 and left L5-S1 radiculopathy. I also had the benefit of the MRI report of the left ankle dated 12/14/11 and note a 10 x 6 mm osteochondral lesion in the medial talar dome with diffuse surrounding edema, effusion of the dorsal talocalcaneal joint, otherwise unremarkable study. I also had the benefit of the MRI report of the left knee dated 12/15/11 and note a medial meniscal tear, fraying of the lateral meniscus and patellofemoral osteoarthritis. I also had the benefit of the records of Dr. Pflum from Hudson Health Services Associates dated 12/20/11 through 3/1/12 and note the patient was referred for left knee surgery. I also had the benefit of the records of Dr. Pflum dated 3/6/12 and note the patient was sent for MRI studies of the right knee and lumbar spine. I also had the benefit of the MRI report of the lumbosacral spine dated 3/9/12 and note diffuse bulging of the T11-T12, L1-L2, L3-L4, L4-L5 and L5-S1 discs, scoliosis convexity towards the right, incidental large cystic structure of the left kidney. I also had the benefit of the MRI report of the right knee dated 3/9/12 and note a moderately limited exam, mild soft tissue swelling, small right knee joint effusion, no fractures or dislocations, intermedullary nail and sliding screws within the visualized distal femur resulting in adjacent susceptibility artifact, evidence for an old tear involving the anterior fibers of the medial collateral ligament with an area of calcification in this region, mild soft tissue edema seen in the expected location of the proximal posterior fibers of the MCL suggestive of a tear in this region, no gross meniscal tear, moderate focal degenerative change along the central aspect of the lateral femoral trochlea, moderate to marked articular cartilage fissuring at the junction of the patellar apex and lateral patellar facet. I also had the benefit of the records of Dr. Pflum dated 3/22/12 and note the patient had MRI studies of the left knee done in the past which showed a tear of the medial meniscus. I also note that the patient underwent MRI studies of his ankles which showed osteochondral defect of the medial talar dome on the left that is of significant size. I also note that EMG studies had shown right L4 and left L5-S1 radiculopathy. I also note the patient was referred

for pain management and possible epidural steroid injections. I also had the benefit of the records of Dr. Oppenheim dated 3/29/12. I also had the benefit of the emergency room records from the Jersey City Medical Center dated 4/11/12 and note the patient complained of chronic back and leg pain. I noted a diagnosis of low back pain. I also had the benefit of the x-ray report of the lumbar spine dated 4/11/12 and note osteoarthritic changes. I also had the benefit of the x-ray reports of the right knee and right ankle dated 4/11/12 and note there was no fracture. I also had the benefit of the records of Dr. Oppenheim dated 6/13/12 and note the patient had continued complaints of back and lower extremity pain. I also had the benefit of the records of Dr. Elamir dated 7/16/13 and note the patient was receiving chiropractic adjustments. I also had the benefit of the records of Dr. Thrower dated 1/21/14 and note the patient complained of pain around the right hip, right knee, right ankle, left knee and left ankle as well as of stiffness and pain in the left elbow. I noted a diagnosis of fracture of the right femur, fracture of the right medial malleolus of the ankle, sprain of the medial collateral ligament of the right knee, sprain of the left knee and ankle. I also note impression that, with regards to the lumbar spine, he had a lumbar sprain with lumbar disc abnormalities likely pre-existing and typical of aging. I also had the benefit of the records of Dr. Carnevale dated 2/18/14 and note had been receiving care for complaints of persistent pain and psychological adjustment issues. I note the opinion that he had a strong underlying anger regarding what he perceives as mistreatment by the insurance company, was adamant and belligerent and no making progress. I note that his treatment was suspended. I also had the benefit of the x-ray report of the left ankle dated 2/19/14 and note no acute osseous soft tissue abnormality identified. I also had the benefit of the MRI report of the left ankle dated 2/25/14 and note a 1.3 cm focal area of signal abnormality within the medial talar dome at the articular surface with overlying cartilage thinning suggestive for an osteochondral lesion versus prominent subchondral cyst/intraosseous ganglion, high-grade sprain versus partial tearing of the posterior tibiofibular and talofibular ligament, prominent degenerative changes at the articulation of the navicular bone with the medial and lateral cuneiform bones, adjacent lobulated fluid intensity signal foci at that level at the dorsal aspect which may represent prominent traversing vessels and/or ganglion. I also had the benefit of the MRI report of the right ankle dated 3/18/14 and note a 6 mm osteochondral lesion of the medial talar dome at the articular surface with prominent surrounding reactive edema. I also had the benefit of the MRI report of the right foot dated 3/18/14 and note a low grade sprain of the Lisfranc ligament, mild degenerative changes at the first metatarsal bone. I also had the benefit of the records of Dr. Skolnick dated 4/7/14 and note the patient complained of pain in his back, right hip, both knees and ankles with weakness, occasional clicking and giving way in the knees, swelling of the knees and ankles with overuse. I noted a diagnosis of chronic lumbar strain, lumbar radiculopathy, lumbar herniated discs L3-L4, L4-L5 and L5-S1, aggravation of pre-existing lumbar degenerative disc disease, right mid shaft femur fracture, status post open reduction internal fixation right femur, status post removal right proximal locking screw femoral rod, right trochanteric bursectomy and release of iliotibial band, painful femoral hardware with heterotopic bone formation, right knee chondromalacia patella, left torn medial meniscus and fraying lateral meniscus, post-traumatic full-thickness medial collateral ligament tear right knee, tear medial postellofemoral ligament, posterior cruciate biceps femoris tendon right knee, DVT right lower extremity. I note the recommendation for arthroscopy of the left ankle. I also had the benefit of the records of Dr. Thrower dated 7/8/14 and note the patient complained of pain in both ankles, right hip, both knees, lower back and the left elbow. I also had the benefit of the records of Dr. Wong dated 10/27/14 and note a diagnosis of post-traumatic stress disorder plus adjustment disorder with depressed mood secondary to pain and functional issues related to physical injuries with recommendation for psychotropic, medication and cognitive behavorial therapy. I also had the benefit of the records of Dr. Carnevale dated 11/28/14 and note a diagnosis of adjustment disorder with mixed emotional features; recommendation for outpatient visits. I also had the benefit of the